PTO/SB/22 (09-06)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			Docket Number (Optional) 06005/41118		
Application Number				···	
Application Number 10/575,022-Conf. #7042		Filed	April 7, 20	06	
For System for Configur	ing Graphic Display Ele	ments and Process N	Modules in Proce	ess Plants	
Art Unit Not Yet Assigned		Examiner	Not Yet As	signed	
This is a request under the identified application. The requested extension as					
[]	CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity \$60		120.
Two months (3	7 CFR 1.17(a)(2))	\$450	\$225	\$	
	(37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (3	37 CFR 1.17(a)(4))	\$1590	\$795	\$ \$	
Five months (3	7 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims am	all entity status. See 37	050407		-	
A check in the amou	nt of the fee is enclosed	· !.			
· ·	ard. Form PTO-2038 is				
Deposit Account Nur	oy authorized to charge and mber13-2855	•			
I am the appli	cant/inventor.			$\frac{4 \kappa}{t} = 1$	
assig S	nee of record of the enti tatement under 37 CFR	ire interest. See 37 (3.73(b) is enclosed.	OFR 3.71. (Form PTO/SB	/96).	
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attorr			45,127		
	ney or agent under 37 C distration number if acting u		45,127	-	
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Rec	stration number if acting u		Jan	uary 29, 2007 Date	
Rec	distration number if acting u		Jan(3 [.]	nuary 29, 2007 Date 12) 474-6300	
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NOTE: Signatures of all the inventhan one signature is required, see	Signature Gregory E. Stanton ped or printed name tors or assignees of record of the	entire interest or their repres	Jan (3 [.] Tele	uary 29, 2007 Date 12) 474-6300 phone Number	
NOTE: Signatures of all the inventhan one signature is required, see Total of I hereby certify that this paper (alc	Signature Signature Gregory E. Stanton Ded or printed name tors or assignees of record of the below. 1 forms are subrement on the stanton of the stanto	entire interest or their repres	Jan (3: Tele entative(s) are require	nuary 29, 2007 Date 12) 474-6300 phone Number ed. Submit multiple fo	orms if m
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